FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/36J	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas G Koehler	Name IBEW Local Union 160		
	Labor Organization File Number 022-522		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4824 W 96th Street	Street 2522 Marshall St. NE		
City Bloomington	City Minneaplois		
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329		
5. Position in labor organization. Business Manager/Financial Se	cretar		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	r.s. zanount.		
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the		
Signed Thomas L. Loela	On 3/10/06 612 781 3126		
	Date Telephone Number		

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Missouri Valley Line Cost. App. and Training Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166 Street City Kansas City State Missouri ZIP Code + 4 64195	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Missouri Valley Line Const. App. and Trainin Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166	Trustee on the Mo-Valley App. Trustee meeting 11-29/30-05 Dinner ###################################
Street	11.b. Approximate dollar value of such dealing. 35.00
City Kansas City State Missouri ZIP Code + 4 64195	12.a. Nature of interest held or income received. Trustee on the Mo-Valley Aff-Program
	12.b. Amount.
	The state of the s
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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4 63-8	y=====================================			0.5	Veen Oerrend Franci		
1. File Number U -		2. Fiscal Year Covered From:					
			1 / 1 / 2005 Through	: 12 / 31	/ 2005		
3. Nam	e and address of person fi	ling.		4. Name	e, file number, and address of labor org	janization.	
Name	Thomas	G Koehler	(franki')) rainin, yhhi (franki')	Name	IBEW Local Union 160	, , , , , , , , , , , , , , , , , , ,	
terretioner comments and the second formation of the s		Labor	Labor Organization File Number 022-522				
P.O. Box, Bldg., Room No., if any		P.O. E	P.O. Box, Building and Room Number, if any				
Street	4824 W 96th Stre	>et		Street	2522 Marshall St. NE		#*************************************
City Bloomington		City	Minneaplois				
State	Minnesota	ZIP Code + 4	55437-2002	State	Minnesota	ZIP Code + 4	55418-3329
5. Positi	on in labor organization.	Business Manager	:/Financial S	ecretar	ti and and and and and and and and and and and 		***************************************
A. Held	an interest in, engaged	(except as	specified in the excl	usions set derived in	or child directly or indirectly had any of forth in the instructions): acome or other economic benefit of sents or is actively seeking to represent.	10 - 11 - 1144	nterests
A. Held moneta	an interest in, engaged ry value from an emplo	(except as in transactions (includ oyer whose employee	specified in the exclination in	derived ir	forth in the instructions): acome or other economic benefit of sents or is actively seeking to repre	10 - 11 - 1144	iterests
A. Held moneta 6. Name	an interest in, engaged	(except as in transactions (includ oyer whose employee	specified in the exclination in	derived ir	forth in the instructions):	10 - 11 - 1144	iterests
A. Held moneta	an interest in, engaged ry value from an emplo	(except as in transactions (includ oyer whose employee	specified in the exclination in	derived ir	forth in the instructions): acome or other economic benefit of sents or is actively seeking to repre	10 - 11 - 1144	nterests
A. Heid moneta 6. Name Name	an interest in, engaged ry value from an emplo	(except as in transactions (includ oyer whose employee	specified in the exclination in	derived ir	forth in the instructions): acome or other economic benefit of sents or is actively seeking to repre	10 - 11 - 1144	nterests
A. Held moneta 6. Name Name Trade I	an interest in, engaged ry value from an emplo and address of Employer	in transactions (includ byer whose employee (including trade name, if	specified in the exclination in	derived in ion repre	forth in the instructions): accome or other economic benefit of sents or is actively seeking to represent of Interest, Transaction, or Income.	10 - 11 - 1144	iterests
A. Held moneta 6. Name Name Trade I	an interest in, engaged ry value from an employer and address of Employer	in transactions (includ byer whose employee (including trade name, if	specified in the exclination in	derived ir	forth in the instructions): accome or other economic benefit of sents or is actively seeking to represent of Interest, Transaction, or Income.	10 - 11 - 1144	iterests
A. Held moneta 6. Name Name Trade I	an interest in, engaged ry value from an employer and address of Employer	in transactions (includ byer whose employee (including trade name, if	specified in the exclination in	derived in ion repre	forth in the instructions): accome or other economic benefit of sents or is actively seeking to represent of Interest, Transaction, or Income.	10 - 11 - 1144	nterests
A. Held moneta 6. Name Name Trade I P.O. B	an interest in, engaged ry value from an employer and address of Employer	in transactions (includ byer whose employee (including trade name, if	specified in the excling loans) with, or s your organizat	derived in ion repre	forth in the instructions): accome or other economic benefit of sents or is actively seeking to represent of Interest, Transaction, or Income.	10 - 11 - 1144	nterests
A. Held moneta 6. Name Name Trade I P.O. B	an interest in, engaged ry value from an employer and address of Employer	(except as in transactions (includ pyer whose employee (including trade name, if	specified in the excling loans) with, or s your organizat any).	derived in ion repre	forth in the instructions): accome or other economic benefit of sents or is actively seeking to represent of Interest, Transaction, or Income.	10 - 11 - 1144	nterests

'Date

Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Missouri Valley Line Cost. App. and Training	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any P.O. Box 20166	c. Employer
Street	C. Employer
City Kansas City	
State Missouri ZIP Code + 4 64195	- -
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Missouri Valley Line Const. App. and Trainin	Trustee on the Mo-Valley Aff. Program
Trade Name, if any:	Trustee Meeting 10/11-12/05
P.O. Box, Bldg., Room No., if any P.O. Box 20166	Trustee on the Mo-Valley App. Program Trustee Meeting 10/11-12/05 Kansas City, Mo. Dinner 10/11/05
Street	11.b. Approximate dollar value of such dealing. 30.00
City Kansas City	12.a. Nature of interest held or income received.
State Missouri ZIP Code + 4 64195	
	12.b. Amount.
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	THE
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

p	
1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas G Koehler	Name IBEW Local Union 160
-	Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4824 W 96th Street	Street 2522 Marshall St. NE -
City Bloomington	City Minneaplois
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329
5. Position in labor organization. Business Manager/Financial Se	cretar
(except as specified in the exclu A. Held an interest in, engaged in transactions (including loans) with, or omeganetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contained in the second contained contained in the second contained in the second contained in the second contained contained in the second contained contained contained in the second contained	ing documents), has been examined by the signatory and is, to the best of the
Signed Thomas A. Lodle	On 3/10/06 6/2 78/ 3/26 Date Telephone Number

Name of Person Filing Thomas Koehler	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Missouri Valley Line Cost. App. and Training Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166 Street City Kansas City State Missouri ZIP Code + 4 64195	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Missouri Valley Line Const. App. and Trainin Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166	11.a. Nature of such dealing. Mo-Valley App. Program Trustee Meeting 7-5#1 Dinner 7/5/06	5 ~ O5
Street	11.b. Approximate dollar value of such dealing.	23.00
City Kansas City State Missouri ZIP Code + 4 64195	12.a. Nature of interest held or income received.	The state of the s
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	e e e e e e e e e e e e e e e e e e e
Name		The company of the con-
Trade Name, if any:		Volume to planting the same of
P.O. Box, Bldg., Room No., if any		despringers and the second
Street		v vggrogdzisten
paparan managa a maha ha saha ja saha ja mamaman mahamin maha ja saha ja saha ja saha ja saha ja saha ja saha j Saha saha maha ja saha ha saha ja saha		н дуба и гадерия
City State ZIP Code + 4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	IT.D. MINUUIL OI PAYINCIL.	1

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1. File Number U -	2 Figure Vegy Covered From:		
1. File Number 0 -	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas G Koehler	Name IBEW Local Union 160		
	Labor Organization File Number 022-522		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4824 W 96th Street	Street 2522 Marshall St. NE		
City Bloomington	City Minneaplois		
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329		
5. Position in labor organization. Business Manager/Financial Se	ecretar		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion) A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions):		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	PROVIDENCE AND ADDRESS OF THE PROVID		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
,	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
signed I formar G. Koela	On 3/10/08 6/2 78/ 3/26		

Date

Telephone Number

Name of Person Filing Thomas Koehler	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Missouri Valley Line Cost. App. and Training Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166 Street City Kansas City State Missouri ZIP Code + 4 64195	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Missouri Valley Line Const. App. and Trainin Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166	11.a. Nature of such dealing. Mo-Valley App-Program - Trustee Annual J. A.T. C. Confi 1/19, 2042/05 Dinner 1/20/05 Duck Key, FL
Street City Kansas City	11.b. Approximate dollar value of such dealing. 37.80
State Missouri ZIP Code + 4 64195	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	Transmission of the second of
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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1. File Number U -	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thomas G Koehler	Name IBEW Local Union 160	
-	Labor Organization File Number 022-522	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4824 W 96th Street	Street 2522 Marshall St. NE	
City Bloomington	City Minneaplois	
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329	
5. Position in labor organization. Business Manager/Financial Se	cretar	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.5. Amount.	
City		
State ZIP Code + 4		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	ing documents), has been examined by the signatory and is, to the best of the	
Signed Thomas B. Lodo	on 3/10/06 612 781 3/26	

Telephone Number

Name of Person Filing Thomas Koehler	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Missouri Valley Line Cost. App. and Training	9. Business deals with:		
Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166 Street City Kansas City	a. Labor Organization b. Trust c. Employer		
State Missouri ZIP Code + 4 64195	44 a Natura of cush decline		
Name Missouri Valley Line Const. App. and Trainin Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 20166 Street City Kansas City State Missouri ZIP Code + 4 64195	11.a. Nature of such dealing. Mo-Valley Trustee Meetiz Milwaukee, WI 3/28+29/ Dinner 3/28/05 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	28,00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	THE PROPERTY OF THE PROPERTY O	Visionia venino	
Trade Name, if any:	RECEIVED A CANADATA	And before the second s	
P.O. Box, Bldg., Room No., if any			
Street	WHAT AREA TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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For Official Use Only				
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E (MP14mg)				
1. File Number U -	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Thomas G Koehler	Name IBEW Local Union 160			
-	Labor Organization File Number 022-522			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4824 W 96th Street	Street 2522 Marshall St. NE			
City Bloomington	City Minneaplois			
State Minnesota ZIP Code + 4 55437-2002	State Minnesota ZIP Code + 4 55418-3329			
5. Position in labor organization. Business Manager/Financial Se	ograt ar			
Maria de la companya del la companya de la companya				
O C TO THE WINDOWS AND THE STATE OF THE STAT	usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7 h. Amount			
Street	7.b. Amount.			
City				
	The second of th			
State ZIP Code + 4				
Andrewson and the second secon	nature			
Sign 15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Thomas Koehler	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Foster Wheeler Twin Cities, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2701 University Ave., Suite 105 City Minneapolis State Minnesota ZIP Code + 4 55414	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Foster Wheeler Twin Cities, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Labar / Management meeting 4/6/06 Frentast			
Street 2701 University Ave., Suite 105	11.b. Approximate dollar value of such dealing.	8,00		
City Minneapolis	12.a. Nature of interest held or income received.			
State Minnesota ZIP Code + 4 55414				
	12.b. Amount.	And a state of the		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name		- Commerce		
Trade Name, if any:		No. weeks correct		
P.O. Box, Bldg., Room No., if any		TANKET PARKET		
Street				
City		6:		
State ZIP Code + 4		TO VICTORIAN CONTRACTOR AND		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			